



# VETERAN

## Exemption Information Form

Fiscal Year 2003 (July 1, 2002 — June 30, 2003)

CITY OF BOSTON ASSESSING DEPARTMENT

M. G. L. CHAPTER 59, § 5 Clause 22-22E

web22-22E

### IDENTIFICATION

To apply for the veterans exemption, complete this application and attach copy of Veterans Administration disability letter.

1. Ward and Parcel # \_\_\_\_\_

2. Name \_\_\_\_\_

3. Street Address of property: \_\_\_\_\_

4. Zip Code \_\_\_\_\_ 5. Property Class \_\_\_\_\_ 6. Telephone No. (Day) ( ) \_\_\_\_\_

7. Social Security Number \_\_\_\_\_ (Required for Refund)

8. Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ 9. Marital status \_\_\_\_\_

### STATUS

10. Indicate status: (✓) Check classification under which you claim exemption (see Veteran Exemption Qualifications below).

**EXEMPTION 22**

\_\_\_\_ Veteran with certificate from Veterans Administration showing at least 10% disability from any branch of the armed forces.

\_\_\_\_ Philippine and Chinese Expeditions with discharge "other than dishonorable."

\_\_\_\_ Veteran having Purple Heart.

\_\_\_\_ Spouse of soldier or sailor entitled to exemption under this clause and surviving spouse, who has not remarried, or soldier and sailor described in this clause and clauses 22A, 22B, 22C and 22E who was eligible at the time of death or who died as a result of service.

\_\_\_\_ Parent of soldier or sailor who died in service, including natural parent, adopting parent or one who stood in loco parentis.

**EXEMPTION 22A**

\_\_\_\_ Veteran who has lost or suffered permanent loss of use of one foot at or above the ankle, or one hand at or above the wrist, or has lost sight of one eye.

\_\_\_\_ Congressional Medal of Honor \_\_\_\_ Air Force Cross \_\_\_\_ Distinguished Service Cross \_\_\_\_ Navy Cross

**EXEMPTION 22B**

\_\_\_\_ Veteran who has lost or suffered permanent loss of use of **both feet** at or above the ankle, or **both hands** at above the wrist, or of one hand and one foot, or lost the sight of both eyes.

**EXEMPTION 22C**

\_\_\_\_ Veteran entitled to specially adapted housing.

**EXEMPTION 22D**

\_\_\_\_ Surviving spouse of soldier or sailor who died in combat at the Islands of Quemoy and Matsu.

**EXEMPTION 22E**

\_\_\_\_ Veteran with yearly certificate from Veterans Administration indicating 100% disability and incapable of working or surviving spouse of 100% disabled veteran.

**EXEMPTION Paraplegics**

\_\_\_\_ Paraplegic (paralysis of lower half of body on **both sides**).

\_\_\_\_ Surviving spouse of paraplegic entitled to total exemption.

### ELIGIBILITY INFORMATION

11a. Did you live in Massachusetts six months prior to entering the service? \_\_\_\_ Yes \_\_\_\_ No

11b. Have you been a Massachusetts resident for one year prior to the filing of this application? \_\_\_\_ Yes \_\_\_\_ No

12. As of July 1, 2002, did you own and occupy the property indicated on Line 3 as your principal residence? \_\_\_\_ Yes \_\_\_\_ No

13. Is the property larger than a single-family unit? \_\_\_\_ Yes \_\_\_\_ No If yes, how many units? \_\_\_\_\_

14. Date entered service \_\_\_\_/\_\_\_\_/\_\_\_\_ 15. Branch of service \_\_\_\_\_ 16. Date discharged \_\_\_\_/\_\_\_\_/\_\_\_\_

17a. Disability rating \_\_\_\_\_ 17b. Certificate number \_\_\_\_\_

Please attach copy of Veterans Administration Disability Letter

### SIGN HERE

18. I have read this return. Under the pains and penalties of perjury I declare that to the best of my knowledge and belief, this return is true, correct and complete.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Mail Return To: ASSESSING DEPARTMENT, Room 301, Boston City Hall, Boston, MA 02201

For those filing before the Third Quarter tax bill is issued: If your application is received timely and approved, the exemption should appear on your Fiscal Year third quarter tax bill.

For those filing after the Third Quarter tax bill is issued: If this exemption does not appear on the third quarter tax bill, you have 3 months from the mailing date of the third quarter tax bill to file. If the application is filed timely and approved, the exemption will be credited on the Fiscal Year fourth quarter tax bill.

#### Veteran Exemption Qualifications

TO QUALIFY: Veterans must have been in the service and injury or death must have occurred within the dates below:

World War II: September 16, 1940 to December 31, 1946  
Vietnam War: February 1, 1955 to May 7, 1975

Korean War: June 25, 1950 to January 31, 1955  
Persian Gulf War: February 19, 1990 to Present